

UPDATE ON STATE AND LOCAL PREPAREDNESS

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May 2004

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NBHPP Snapshot

■ Timeline

- May 14 release
- Applications due July 1
- NGAs in August

■ 2004 Guidance

- Revision of Critical Benchmarks
- Addition of Sentinel Indicators
- Addition of Min Levels of Readiness

■ Award level at or near 2003 amounts

Update: Surge Capacity - Beds

- Majority of awardees working on this benchmark (75%)
- Several awardees looking to use alternate care sites such as armories, schools and churches
- MOA have been or are being developed in many areas
- Rural states continue to struggle with achieving the benchmark (15%)

Update: Surge Capacity - Personnel

- Innovative ideas for recruiting additional health care personnel include utilizing:
 - The American Red Cross and the Salvation Army
 - Dentists and oral surgeons
 - Students and retirees
 - Clinical and ancillary volunteers
 - School nurses, hospice staff, home health staff, and physician office staff, and
 - National and State Guard medical units

Update: Surge Capacity - Personnel

- Other activities that should be highlighted include:
 - 1) Pennsylvania will provide immunity from liability during activation or deployment of response teams during a bioterrorism incident
 - 2) Virginia has established hospital-specific actions that include shift length changes and changes in nurse-patient ratios

Update: Surge Capacity - Pharmacy

- Plans center on the development of regional stockpiles & coordination of resources after a bioterrorism attack
- Plans address protocols for prioritizing the pharmaceutical distributions and include first responders, health care staff and their families as well as direct victims
- Many states are planning on exercising the ability to receive and disperse the stockpile

Update: Surge Capacity - Pharmacy

- Virginia has enacted a law granting authority to waive certain pharmaceutical regulations subsequent to a bioterrorism attack in order to expedite the distribution of medication

Update: Surge Capacity - Decontamination

- More than half of the awardees reported having either portable or fixed decontamination systems in existence
- Approximately half of the awardees plan to augment the existing decontamination system within their jurisdictions in various ways
- Most awardees identified that they plan to purchase portable decontamination units to meet the HRSA benchmark

Update: Surge Capacity - Decontamination

- States are also planning future purchase of mobile decontamination units to augment state and local caches
- Massachusetts has purchased and recently completed deployment of 92 mass decontamination units.
“Conservatively, each of the 92 MDU units can provide decontamination for 75 - 150 individuals per hour, or 6900 – 13,800 statewide.”

Performance Measures

- Critical Benchmarks
- Minimum levels of Readiness
- Sentinel Indicators

Emergency System for Advance Registration of Volunteer Healthcare Providers

Section 107 of Public Law 107-188 states that the Secretary DHHS “shall, directly or through an award of a grant, contract, or cooperative agreement, establish and maintain a system for the advance registration of health professionals for the purpose of verifying the credentials, licenses, accreditations, and hospital privileges of such professionals when, during public health emergencies, the professionals volunteer to provide health services...”

ESAR-VHP

HRSA Activities to Date:

- Identified key staff to carry out initiative
- Collaborating with DHHS, DHS and HSC
- RFC due out in May for prototype development with expected deliverable in January 2005
- Convening a focus group May 10-11
- In FY 2005, the program guidance will promote use of the prototype, provide TA and incentives to the States who choose to use turn key model for creation of a ESAR-VHP.

Hospital Survey

- The Agency for Health Research and Quality (AHRQ) and BHPP, through a contract with Booz Allen Hamilton, has developed a BT Emergency Planning and Preparedness Questionnaire for Healthcare Facilities
- This survey was pilot tested in summer 2003 in 8 states with 111 hospitals participating
- The pilot results were compiled and the instrument refined, so it is ready to be put in the field

Hospital Survey

- BHPP has decided to fully fund the project and field it to all hospitals receiving HRSA BT funding. We anticipate that this survey will be ready to be administered by early summer.
- It will be an on-line survey administered directly to HRSA-funded hospitals requesting information on CBRNE preparedness issues.